3:11-cv-01080-RMG-JRM Date Filed 05/16/11 Entry Number 1 Page 1 of 4

Solitary Confinement

Solitary Confinement

Fraim

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF SOUTH CAROLINA

CHNSTOPHEN ODOM) Chill Auton X
[Enter the full name of the plaintiff in this action]) Civil Action No
)
v.	COMPLAINT
CHANLESTON COUNTY DE-	State Prisoner Prisoner
TENTION CENTER FAULUL	ST. ST. CEN
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NESPONSIBLE AUTORORITY FAM	TRIO CLE
LMGC.C.O.H. RESPONSIBLE	2011 MAY -5 A 2011 MAY -5 A DISTRICT COUNTY CHARLESTON
AUT-lority/chulay-First NAME TO	MANTE BOUS Kloston VI
Enter above the full name of defendant(s) in this action FALLIC CO CONCOLLECTOR Surviva Policy Holds, CHULLUC CON MERCHICE TO SURVIVA POLICY HOLDS FILM PREVIOUS LAWSUITS FILM PROPERTY NUMBER LAND A. Have you begun other lowering in the second of the control of the contro	= 7785.766 (
C. C. C. Neall Gence In surunce Policy Holds	5
I. PREVIOUS LAWSUITS	dolden
A Have you begin at an I	
A. Have you begun other lawsuits in state or federal court dealing w otherwise related to your imprisonment?	ith the same facts involved in this action or
	Yes No
B. If your answer to A is Yes, describe the lawsuit in the space be additional lawsuits on another piece of paper using the same outli	low. If there is more than one lawsuit, describe the
1. Parties to this previous lawsuit:	нс.
Plaintiff: CHaistophen OD	an a
Defendant(s): ABUVE copylium	Desemberts
2. Court: <u>U.5.</u> D.C.	
(If federal court, name the district; if state co	urt, name the county)
3. Docket Number:	
4. Name(s) of Judge(s) to whom case was assigned:	A
5. Disposition:	
(For example, was the case dismissed? App	ealed? Pending?)
6 Approximate data of films laws to THO MILES	War Monet
7. Approximate date of disposition: NEVER RECE	eves Notice From
115.D.C. 0F	Receipt of claim.
NOTE: Claim ment	on C.C.U.H. FN. Y. DOAAUS
7. Approximate date of disposition: NEVER RECE WOTE: Claim ments (NUNSE) AS 1.	exemply to 150.
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Complaint - State Prisoner Revised October 3, 2007

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If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? F. If there is no prison grievance procedures in this institution, did you complain to prison, jail, or institutional authorities? G. If your answer is YES: UNIT BE ANDOLDES FULL TRUBES FAVE PROPERTY OF THE STATE AND SAFE IN What steps did you take INOULDES of UNIT I A ON 4-26-204 and 8 34 FE INOULDES OF UNIT I A ON 4-26-204 and 8 34 FE IN	3:1	1-cv-01080-RMG-JRM Date Filed 05/16/11 Entry Number 1 Page 2 of 4
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Blen the CASE SINCE BLAST OF MENTIFE At CCD In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, if any. A. Name of Plaintiff: All STOPHCR ODDN Address: HB3 WOUNT ON CHASS 6794/7 In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any. B. Name of Defendant: FNULWY CASSIFICATION Position: LBSSIFICATION Place of Employment: 384 Helds Ave N. CHASS S.C. 2940 S C. Additional Defendants (provide the same information for each defendant as listed in Item B above): FNULWY C. C. D. RESPONSIBLE BUTTON APPROXIMENT AND		did you complain to prison, jail, or institutional authorities? YesNo
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In Item A below, place your name, inmate number, and address in the space provided. Do the same for additional plaintiffs, if any. A. Name of Plaintiff: CHRISTOPKCA ODDN Address: 1483 WOUND IN CHRISC 794/2 In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any. B. Name of Defendant: FNY LNM CIRSSIPICATION Position: CLASSIPICATION Place of Employment: 3841 Lleas Ave. N. CHRS. S.C. 2940 S C. Additional Defendants (provide the same information for each defendant as listed in Item B above): FNU LNU C. C. D. C. RESPONSIBLE AND INEQUIPERIOR INSUME FINAL CHARLES ON COLUMN DELATION (RESPONSIBLE AND NEGLIGENICE INSUMEDIAL NUMBER ROUGH). Complaint - State Prisoner Revised October 3, 2007		What was the result? NO ROSOWNSE in writing - This tine
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A. Name of Plaintiff: MESTOPHER OWN Address: 1483 WOUNTEW LN. CHAS S.C. 294/2 In Item B below, place the full name of the defendant, his official position, and place of employment in the space provided. Use Item C for additional defendants, if any. B. Name of Defendant: FNY LNY CHSSIFVCATION Position: CLASSIFICATION C. Additional Defendants (provide the same information for each defendant as listed in Item B above): FNU LMU C. C. O.H. PLESPINSIBLE Authority Progliquia Insurational Company of the Company		
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